

**LOBBYING REGISTRATION FORM**

To be used for initial registrations and renewals.

2001

Lobbyist's Registration Number

FOR OFFICE USE ONLY

Postmark Date: 12-28-00

P. 98  
 # 51554  
 \$10.00  
 KSD

1001911

**Instructions**

- Print in ink or type.
- Complete form and return with \$10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME McHugh Tom Ed  
Last First MI

2. BUSINESSPHONE 344-5001  
Area Code and Phone Number

3. BUSINESS ADDRESS 700 N. 10th Street Baton Rouge, LA 70802  
Street and No. City State Zip

MAILING ADDRESS P.O. Box 4327 Baton Rouge, LA 70821  
Street and No. City State Zip

4. EMPLOYER Louisiana Municipal Association

5. EMPLOYER'S ADDRESS 700 N. 10th Street Baton Rouge, LA 70802  
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name Louisiana Municipal Association

Address 700 N. 10th Street Baton Rouge, LA 70802

Business or purpose Non-profit organization providing services to municipal governments

Does this person pay you? Yes

If No, who pays you? \_\_\_\_\_

2001 JAN -2 PM 3:15  
 FINANCIAL  
 CAMPAIGN  
 REGISTRATION  
 RECEIVED

# LOBBYING REGISTRATION FORM

Lobbyist's Registration Number

2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
4. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

*Tom Ed McHugh*  
\_\_\_\_\_  
Signature of Lobbyist

